


## Marietta Fire Department

<b>Fire Marshal's Office</b>  <b>Plan Review</b>	<b>Owner's Information Certificate<sup>1</sup></b> Building Name: _____ Address: _____ Bldg: _____ Suite: _____ City: _____ Zip: _____ Building Owner: _____ Phone: _____ Email: _____ <hr/> <b>GENERAL BUILDING INFORMATION OF EXISTING OR PLANNED CONSTRUCTION:</b> Area of Building: _____ Number of Stories _____ Occupancy Type _____ Occupant Load _____
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Existing or Planned Construction is:

- ☐ Fire Resistive or noncombustible  
☐ Wood frame or ordinary (masonry walls with wood beams)  
☐ Unknown

Is the system installation intended for one of the following special occupancies?

- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| Aircraft hangar                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fixed guideway transit system   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Race track stable               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Marine terminal, pier, or wharf | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Airport terminal                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aircraft test facility          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power plant                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water-cooling tower             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the above answer is "yes," the appropriate NFPA standard should be referenced for sprinkler density/area criteria.

Indicate whether any of the following special materials are intended to be present:

- |                                       |                              |                             |
|---------------------------------------|------------------------------|-----------------------------|
| Flammable or combustible liquids      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aerosol products                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nitrate film                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyroxylin plastic                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compressed or liquefied gas cylinders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liquid or solid oxidizers             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Organic peroxide formulations         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Idle pallets                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "yes," describe type, location, arrangement, and intended maximum quantities.

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Continues on page 2.

<sup>1</sup>- Complies with NFPA 13, 2013 Edition §§ 23.1

Indicate whether the protection is intended for of the following specialized occupancies or areas:

Spray area or mixing room	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Solvent extraction	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laboratory using chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oxygen-fuel gas system for welding or cutting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acetylene cylinder charging	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Production of use of compressed or liquefied gasses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial cooking operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Class A hyperbaric chamber	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cleanroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Incinerator or waste handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Linen handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Industrial furnace	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is “yes,” describe type, location, arrangement, and intended maximum quantities.

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Will there be any storage of products over 12 ft (3.6 m) in height?

☐ Yes ☐ No

If the answer to any of the above is “yes,” describe product, intended storage arrangement, and height.

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Will there be any storage of plastic, rubber, or similar products over 5 ft (1.5 m) high except as described above?

☐ Yes ☐ No

If the answer to any of the above is “yes,” describe product, intended storage arrangement and height.

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**I certify that I have knowledge of the intended use of the property and that the above information is correct.**

Signature of owner’s representative or agent: \_\_\_\_\_

Date: \_\_\_\_\_

Name of owner’s representative or agent completing certificate (print): \_\_\_\_\_

Relationship and firm of agent (print): \_\_\_\_\_

<sup>1</sup>- Complies with NFPA 13, 2013 Edition §§ 23.1